FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION			
		(See instructions	5)		Office use only
NAME OF COMMITTEE	in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Andy Barr fo	or Congress				
ADDRESS (number a	nd street)	Box 2059			
(Check if addr is changed)		ngton		<u> </u>	40588
		(CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-M	MAIL ADDRESS (Pleas	e provide only one e-m	ail address)		
(Check if address is changed)	ess trea	surer@andybarrfo	orcongress.com		
(Check if addr is changed)	M / D D / Y	Z/www.andybarrfo	orcongress.com/		
	1 10 CATION NUMBER	.2009	C00467571		
4. IS THIS STAT	EMENT X NEV	V (N) OR	AMENDED (A)		
I certify that I have exa	amined this Statement and	d to the best of my know	ledge and belief it is true, correct	and complete	
Type or Print Name	of Treasurer	Mr. Christopher E	. Anderson		
Signature of Treasu	rer Electronically File	ed by Mr. Christo	pher E. Anderson	Date 111	10 10 2009
NOTE: Submission o			subject the person signing this SI		
Office Use Only			For further informatio Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	ission	FEC FORM 1 (Revised 02/2009)